

<b>RECOMMENDATION FOR MILITARY AWARD</b>			DATE	
<b>TO:</b>			<b>FROM:</b>	
1. RECOMMEND INDIVIDUAL INDICATED BE AWARDED THE: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> JOINT SERVICE ACHIEVEMENT MEDAL: </div> <div style="width: 30%;"> <input type="checkbox"/> 1 ST   <input type="checkbox"/> 2ND   <input type="checkbox"/> 3RD   <input type="checkbox"/> _____ OAK LEAF CLUSTERS </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> JOINT SERVICE COMMENDATION MEDAL WITH: </div> <div style="width: 30%;"> <input type="checkbox"/> 1 ST   <input type="checkbox"/> 2ND   <input type="checkbox"/> 3RD   <input type="checkbox"/> _____ OAK LEAF CLUSTERS </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> DEFENSE MERITORIOUS SERVICE MEDAL WITH: </div> <div style="width: 30%;"> <input type="checkbox"/> 1 ST   <input type="checkbox"/> 2ND   <input type="checkbox"/> 3RD   <input type="checkbox"/> _____ OAK LEAF CLUSTERS </div> </div>				
2. RECOMMENDATION BASED ON: <input type="checkbox"/> MERITORIOUS SERVICE <input type="checkbox"/> OUTSTANDING ACHIEVEMENT			3. INCLUSIVE DATE(S) OF SERVICE OR ACHIEVEMENT FROM: _____ TO: _____	
4. LAST NAME FIRST NAME - MIDDLE INITIAL		5. SSN		6. GRADE
7. SERVICE				
8. PRESENT ORGANIZATION AND STATION			9. ADDRESS OF NEXT ASSIGNMENT <i>(If Applicable)</i>	
10. DUTY ASSIGNMENT(S)				
11. PREVIOUS PERSONAL JOINT AWARDS				
12. DATE OF PROMOTION TO GRADE IN WHICH SERVING			13. INDIVIDUAL WILL: (If Applicable) <input type="checkbox"/> RETIRE/SEPARATE ON: _____ <input type="checkbox"/> BE REASSIGNED O/A: _____	
14. INDIVIDUAL'S SERVICE SINCE ACT OR SERVICE HAS BEEN HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			15. HAS PREVIOUS AWARD BEEN MADE TO INDIVIDUAL FOR THIS ACT OR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. ARE OTHER RECOMMENDATIONS FOR AWARDS TO THIS INDIVIDUAL PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO			17. ARE OTHER INDIVIDUALS BEING RECOMMENDED FOR THE SAME AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. DATE WHEN PRESENTATION OF AWARD IS DESIRED, IF APPROVED:			19. IF APPROVED, FORWARD AWARD TO:	
20. NARRATIVE DESCRIPTION OF SERVICE OR ACT <i>(Including Specific Dates, Places, and Facts)</i>				

CONTINUE ON REVERSE SIDE

20. NARRATIVE DESCRIPTION CONTINUED. (Normally the narrative will be confined to space provided, however, if additional space is needed, use plain bond paper--the last sheet of which must be signed by the recommending official/.)

21. NO. ENCLOSURES		22. DESCRIPTION (Proposed citation and any supporting documents.)	
23. RECOMMENDING OFFICIAL			
a. TYPED NAME		b. GRADE	d. SIGNATURE
c. TITLE			e. DATE SIGNED